

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIARequirements for Third Party Liability
Payment of Claims

The State uses a cost avoidance method of claims processing when third party liability is established at the time a claim is filed. A coverage specific matrix is utilized to cost avoid claim payment for categories of service covered by third party resources. Claims are rejected and returned to the provider if the service being billed is probably covered by the type of resource identified on the data base. There are no thresholds used to trigger the cost avoidance process. An exception to cost avoidance is the payment for such services as EPSDT, prenatal or preventive pediatric care, and all claims covered by absent parent maintained insurance under Part D of Title IV of the Act. The State has requested and received a cost avoidance waiver for pharmacy services. The State shall make payment in accordance with their usual payment schedule under the plan for these services without regard to any third party liability for payment. In title IV-D court-ordered medical support situations, the Department did not elect the option to require providers to wait for 30 days before submitting claims to the Medicaid agency. Therefore, no method to determine provider compliance is necessary due to the use of the Pay and Chase recovery methodology.

The State seeks reimbursement from insurance carriers through a monthly system generated post-payment billing process when the existence of third party liability is not known at the time of billing. A threshold of \$100.00 per recipient must be met prior to seeking reimbursement from Health Insurance resources.

The State seeks reimbursement from verified liable third parties on claim payments involving accidental injuries when total potential recovery is \$250.00 or greater. Liens are filed if the recovery amount involves \$500.00 or more in Medicaid expenditures. No threshold is applied to the identification of paid claims with trauma diagnoses.

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